

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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07/17/2009

SOURCE OF PRODUCED WATER FOR DISPOSAL

Per Rule 325.c(5), this form shall be submitted for any new disposal facility and for any change in source of produced water for an existing disposal facility.

OPERATOR INFORMATION

OGCC Operator Number: 19160

Name of Operator: CONOCO PHILLIPS COMPANY

Address: 925 N ELDRIDGE PARKWAY

City: HOUSTON State: TX Zip: 77079

Contact Name and Telephone:

Name: JUSTIN FIRKINS 432-688-6913

Phone: (432) 688-6913 Fax: (432) 688-6019

Email:

DISPOSAL FACILITY INFORMATION

UIC Facility ID: 414548

Operator's Disposal Facility Name: G08 596

Operator's Disposal Facility Number:

Location: QtrQtr: SWNE Sec: 8 Twp: 5S Range: 96W Meridian: 6

County: GARFIELD

SUBMITTED ITEM SUMMARY TOTALS:

Submitted: 6 Deleted: 0 Added: 6

SOURCE OF PRODUCED WATER

Add Source	API Number: 05-045-14979-00	Well Name & No: N. PARACHUTE CP01B-16 B16 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NWNE Section: 16 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-045-14980-00	Well Name & No: N. PARACHUTE CP08B-16 B16 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: NWNE Section: 16 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-045-15162-00	Well Name & No: N. PARACHUTE CP14B-21 G21 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWNE Section: 21 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L
Add Source	API Number: 05-045-15164-00	Well Name & No: N. PARACHUTE CP07B-21 G21 59
<input checked="" type="checkbox"/>	Operator Name: CONOCO PHILLIPS COMPANY	Operator No: 19160
Delete Source	Location: QtrQtr: SWNE Section: 21 Township: 5S Range: 96W Meridian: 6	
<input type="checkbox"/>	Producing Formation: WMFK Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

Add Source	API Number: <u>05-045-15165-00</u>	Well Name & No: <u>N. PARACHUTE CP 11B-21 G21 5</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>21</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WMFK</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

Add Source	API Number: <u>05-045-15323-00</u>	Well Name & No: <u>N. PARACHUTE CP02D-27 G27 59</u>
<input checked="" type="checkbox"/>	Operator Name: <u>CONOCO PHILLIPS COMPANY</u>	Operator No: <u>19160</u>
Delete Source	Location: QtrQtr: <u>SWNE</u> Section: <u>27</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>	
<input type="checkbox"/>	Producing Formation: <u>WMFK</u> Analysis Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Transported to disposal site via <input checked="" type="checkbox"/> Pipeline <input type="checkbox"/> Truck <input type="checkbox"/> Both	TDS: _____ mg/L

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: JUSTIN FIRKINS Signed: _____
 Title: REGULATORY SPECIALIST Date: 05/20/2009

COGCC Approved: *Matthew Lee* Date: 04/03/2019

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)